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From: Kenneth J. Cool

Date: June 30, 2004 Time: \_\_\_\_\_

Docket Due Date: 06/12/2004

Operator: Krista Mathieson Matter: 423990P12216

Number of pages including cover sheet: 12

In Re Patent Application of: William M. Parrott

Application No.: 09/385,607

Filed: August 30, 1999

For: "Secure Transaction Modem"

Enclosed are the following documents: Attached are the following:  
the Transmittal form, the Fee Transmittal (In duplicate), the Response to the  
Office Action Mailed March 12, 2004 and a 1 month Extension of Time Request.

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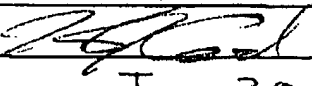
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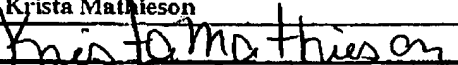
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05/01/03

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application No.	09/85,607	
	Filing Date	August 30, 1999	
	First Named Inventor	William M. Parrott	
	Art Unit	21:7	
	Examiner Name	Meislahn, Douglas J.	
Total Number of Pages in This Submission	11	Attorney Docket Number	42:90P12216

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Certificate of Facsimile</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kenneth J. Cool, Reg. No. 40,570 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	June 30, 2004

CERTIFICATE OF MAILING/TRANSMISSION			
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Typed or printed name	Krista Mathieson	Date	June 30, 2004
Signature		Date	June 30, 2004

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 06/04/2004.  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

<b>FEE TRANSMITTAL for FY 2004</b> Effective 01/01/2004. Patent fees are subject to annual revision.		Complete If Known	
		Application Number	09/385,607
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	August 30, 1999
		First Named Inventor	William M. Parrott
		Examiner Name	Meislahn, Douglas J.
TOTAL AMOUNT OF PAYMENT		(\$)	440.00
		Art Unit	2137
		Attorney Docket No.	12390P12216

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.18, 1.17, 1.18 and 1.20. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>FEE CALCULATION (continued)</b> <b>3. ADDITIONAL FEES</b>																																																																																																																																																																																																																																																			
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<b>2. EXTRA CLAIM FEES</b> <table border="1"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Independent Claims</th> <th colspan="2">Multiple Dependent</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>21</td> <td>27</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>\$18</td> <td>\$0.00</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>\$86</td> <td>\$0.00</td> <td></td> <td></td> </tr> </tbody> </table>		Total Claims		Independent Claims		Multiple Dependent		Extra Claims		Fee from below		Fee Paid														21	27	0	0	0	0	0	0	\$18	\$0.00			2	3	0	0	0	0	0	0	\$86	\$0.00			<table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>88</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple Dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>88</td> <td>2204</td> <td>43</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (2)</td> <td></td> <td>(\$)</td> </tr> </tbody> </table>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	88	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple Dependent claim, if not paid		1204	88	2204	43	**Reissue independent claims over original patent		1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$)																																																																																																																																																				
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kenneth J. Cool	Registration No. (Attorney/Agent)	40,570
Signature		Telephone	(408) 850-1229
		Date	6/30/04

Based on PTO/USB-17 (10-03) as modified by Blakely, Solokoff, Taylor & Zilman (w/r) 02/10/2004.  
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